“Doc, what about this mole?”

Skin Cancer

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3 Main Types:

- BCC (Basal Cell Carcinoma)
- SCC (Squamous Cell Carcinoma)
- Melanoma

Basal Cell Carcinoma

- mildest (if you had to pick a type of skin cancer to get, this would be it)
- fortunately, also the most common

Squamous Cell Carcinoma

- worse than basal cell, but not as bad as melanoma
- can metastasize (spread to other organs and lymph nodes) but usually doesn't
- can arise from scaly, precancerous areas

Melanoma

- worse type of skin cancer (you don’t want this one)

Prevention is better than Treatment

- Limit sun exposure
  - stay inside 1000-1600
  - wear long sleeves, hats, etc..
- Sunscreen (at least SPF 15)
  - don't forget lips

Risk Factors:
(who is most likely to get skin cancer?)

- fair skin, blonde hair, blue eyes
- lots of past sun exposure, especially as a kid (“blistering burns”)
- past history of skin cancer
- family history
- radiation exposure

If you don’t have risk factors, does it mean you can’t get skin cancer?

No!

Do people get skin cancer only on sun exposed areas?

No!

Characteristics of a FLM (Funny Looking Mole):

A Asymmetry

B Borders that are fuzzy or irregular

C Color or surface variation within the mole

D Diameter > 1/2 cm or growing

E Elevation of mole

S Sore that won't heal

What to do if you have a FLM (funny looking mole)?

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Good News!

- Curing skin cancer is much easier if treated earlier, so . .
- Monthly skin checks (everywhere)
- If you find a FLM, don’t wait to see your Doc

Treatment:

- Liquid Nitrogen “freeze it off”
  - only for precancerous or obviously benign (noncancerous) things
- Shave biopsy “cut it off”
- Excision “cut it out”
- Other (radiation, ED & C, observation)

Moral of the story:

- Prevention is better than treatment
- Ignorance is not bliss
- Early treatment is better than late
- If in doubt, “cut it out”

(Once again)
What to do about a FLM?

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